Health Services
LOS ANGELES COUNTY

Expected Practices

Specialty: Endocrinology

Subject: Adrenal Incidentaloma

Date: August 3, 2014

Purpose: Diagnosis and Treatment of Adrenal Incidentalomas

Target Audience: Primary Care Providers

Expected Practice: Evaluation of adrenal tumor found during routine diagnostic imaging in the absence of symptoms suggesting adrenal disease.

Most adrenal tumor larger than 4 cm or with malignant features should be evaluated for surgery (via eConsult request).

Characteristics of nonmalignant masses based on CT:

I. Less than 4 cm.
II. Homogenous.
III. Smooth margin.
IV. Low enhancement <10 Hounsfield Units without contrast and <37 after contrast.

Clinical history:

- Fatigue, stretch marks, thin skin, buffalo hump, moon facies, central obesity, poor sleep, depression, low libido
- Hard to control hypertension
- Hypokalemia
- Metabolic abnormalities (impaired glucose intolerance, T2DM, osteoporosis)
- Hirsutism in females

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

Required laboratory work up:

R/O Pheochromocytoma:

- Measurement of fractioned plasma free metanephrines

R/O Primary hyperaldosteronism:

- Plasma aldosterone concentration/plasma renin activity ratio (cannot be done if patient is on spironolactone).

R/O Subclinical Cushing's syndrome:

- 8 AM ACTH and cortisol
- And/or overnight dexamethasone suppression test (administer 1 mg of dexamethasone at 11 PM, measurement of cortisol of 8 AM the next morning, do not measure aldosterone at that time)

R/O Androgen overproduction:

- DHEAS (can also be elevated in PCOS)

When to submit eConsult to Endocrinology:

- If 8 AM ACTH < 10 pg/dL
- Aldosterone/renin ratio > 20/1
- Plasma free metanephrines above the normal range
- AM cortisol after overnight dexamethasone > 1.8 ug/dL
- DHEAS > 1.5 X upper limit of normal
- All patients on spironolactone

Follow up:

- If <4 cm and not hormonally active, follow up with serial CT scan at 1 year then at 4 years.
- If enlarged by more than 1 cm during the follow up period, mass should be surgically removed.
- Periodical hormonal evaluation is usually not necessarily unless a change in signs and symptoms.
- FNA should not be routinely undertaken in the evaluation of adrenal incidentaloma unless the index of suspicion for a malignancy outside the adrenal gland is high.